



STATE OF WISCONSIN

Department of Employee Trust Funds

801 West Badger Road
P.O. Box 7931
Madison, WI 53707-7931

PLEASE SEE BOTH SIDES OF THIS NOTICE

November 2001

To: Wisconsin Retirement System State Annuitant or Surviving Insured Dependent

From: The Department of Employee Trust Funds

Subject: Sick Leave Credits Escrow Law Change

We are contacting you about deferred use of unused sick leave credits, or sick leave escrow. 2001 Wisconsin Act 16, the biennial budget legislation, changed the provisions for escrow of sick leave credits for both retired employees and surviving dependents of deceased employees. According to our records, you either have elected to escrow sick leave credits or are currently using sick leave credits to pay health insurance premiums.

In the past you had only one opportunity to put sick leave credits into escrow or to re-enroll in the state health insurance plan. Under the new law you can elect to delay use of (escrow), or initiate use of (unescrow), your sick leave credits annually. The revised statutes provide for an annual enrollment period for either action. We are making you aware of this change in the law in case you wish to take advantage of its provisions at this time.

Putting sick leave credits into escrow. You may put your unused sick leave credits into escrow once per calendar year. An election to escrow sick leave credits is effective on the first of the month following the date the escrow application form is received in this Department. As before, in order to escrow your sick leave all covered persons must have health insurance coverage that is comparable to the state health insurance plan. By statute, a health insurance plan or policy is considered comparable if it provides hospital and medical benefits that are substantially equivalent to the standard health insurance plan offered by the State of Wisconsin Employees Group Health Insurance Program.

We are enclosing a Sick Leave Escrow Application form ET-4343 that reflects the law change. It requires you to certify that your current coverage is comparable to state plan coverage. If you wish to escrow your sick leave credits, complete this form and return it to:

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P.O. Box 7931
Madison, WI 53707-7931

You may fax the completed, signed application to us. If you do so, we must receive the original, signed form within 14 days after receipt of the fax. Our fax number is 608-267-4549.

Re-enrolling for state plan coverage. Through September 2002, you may remove your sick leave credits from escrow and re-enroll in the state plan by applying to do so at any time. Your coverage under the state plan will become effective on the first day of the third month following receipt of your application in this Department. Starting in October 2002, and continuing in future years, the annual enrollment period for re-enrollment in the state plan will coincide with the

annual “Dual Choice” enrollment period for changes in health insurance coverage, with coverage effective the first of the month you select in the following year.

Note this exception: If you lose eligibility for coverage under a comparable health insurance plan, or if your employer ends its contribution to your comparable plan, you may obtain coverage under the state plan at any time, effective with the loss of the other coverage, provided your application for state plan coverage is received in this Department within 30 days of your loss of the other coverage. This exception does not apply when the loss of the other coverage was due to voluntary cancellation, fraud or misrepresentation, or failure to pay premiums timely.

If you wish to re-enroll for state plan coverage, contact our self-service line at toll-free 1-877-383-1888 or (608) 266-2323 local Madison and request the following booklet and forms:

- Annuitant Dual Choice booklet for the current year, ET-2108
- *Group Health Insurance Application*, ET-2301
- *Sick Leave Re-Enrollment Application*, ET-4317
- *Medicare Eligibility Statement*, ET-4307 (if you are eligible for Medicare)

When you complete the *Group Health Insurance Application*, under Section A of this form, *Reason for Submitting Application*, mark the “Other” box and enter “End escrow.” Sign, date and return all completed forms to us.

If you have questions on this change in the law, feel free to contact us toll-free at 1-877-533-5020 or (608) 266-3285 local Madison.

Enclosure
Sick Leave Escrow Application ET-4343